

Issue Classification		Application/Control No.	Applicant(s)/Patent under Reexamination
 1/2		10/822,405	IQBAL ET AL.
		Examiner	Art Unit
		Tim Phan	3729

ISSUE CLASSIFICATION							
ORIGINAL		INTERNATIONAL CLASSIFICATION					
CLASS	SUBCLASS	CLAIMED			NON-CLAIMED		
29	613	H	01	C 17 /02			/
CROSS REFERENCES							/
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						/
29	421.1	428	611	890.032			/
62	180						/
165	43						/
236	49.3	91C					/
297	180.1	180.13	180.14				/
(Assistant Examiner) (Date)		<i>Colleen D. Phew</i> 10/10/07			Total Claims Allowed: 32		
(Legal Instruments Examiner) (Date)		(Primary Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 1 & 2	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		5	31	61	91	121	151
2		6	32	62	92	122	152
3		7	33	63	93	123	153
4		8	34	64	94	124	154
5		9	35	65	95	125	155
6		10	36	66	96	126	156
7		11	37	67	97	127	157
8		12	38	68	98	128	158
9		13	39	69	99	129	159
10		14	40	70	100	130	160
11		18	41	71	101	131	161
12		19	42	72	102	132	162
13		15	43	73	103	133	163
14		16	44	74	104	134	164
15		17	45	75	105	135	165
16		20	46	76	106	136	166
17		21	47	77	107	137	167
18		22	48	78	108	138	168
19			49	79	109	139	169
20			50	80	110	140	170
21		23	51	81	111	141	171
22		24	52	82	112	142	172
23		25	53	83	113	143	173
1	24	26	54	84	114	144	174
30	25	27	55	85	115	145	175
31	26	28	56	86	116	146	176
32	27	29	57	87	117	147	177
2	28		58	88	118	148	178
3	29		59	89	119	149	179
4	30		60	90	120	150	180

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	Examiner Tim Phan	Art Unit 3729

ISSUE CLASSIFICATION							
ORIGINAL		INTERNATIONAL CLASSIFICATION					
CLASS	SUBCLASS	CLAIMED			NON-CLAIMED		
			/				/
CROSS REFERENCES							
CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		/				/
454	907		/				/
			/				/
			/				/
			/				/
			/				/
See Part 1/2 (Assistant Examiner) (Date)		See Part 1/2 (Primary Examiner) (Date)			Total Claims Allowed:		
(Legal Instruments Examiner) (Date)					O.G. Print Claim(s)	O.G. Print Fig.	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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239		269		299		329	
240		270		300		330	